Title V is administered by the Vermont Department of Health, within the state Agency of Human Services. Services within Title V's administrative control include: Direct services (multidisciplinary clinic-based services to CSHN of all ages; immunization services for children without strong access to preventative health care; collaboration with Healhy Babies, Kids, and Families for care coordination and services for pregnant women and yong children, Enabling services: outreach, information and referral, and administrative case management for children enrolled in Medicaid; nursing, social work care coordination, and respite care for CSHN; Medicaid prior authorization of certain medical and dental services; (in collaboratin with Medicaid and managed care); primary care medical home support; interagency and community-based health care system planning; and cultural competency training.

MATERNAL & CHILD HEALTH (MCH) MEASURES

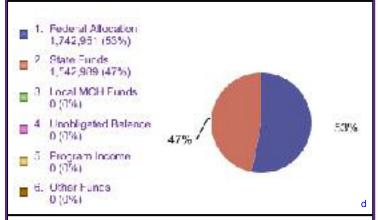
MATERNAL & CHILD REALTH (MCH) M	ILASUKES	
Title V - MCH National Performance Measures	State 2004 Results	State 2009 Goal
The percent of newborns who are screened and confirmed with condition(s) mandated by their Statesponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.	100.0%	99.5%
The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)	56.5%	60%
Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)	72.7%	75%
Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	83.2%	90%
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.	*	6
The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.	NaN	2
Percentage of mothers who breastfeed their infants at hospital discharge.	*	85%
Percentage of newborns who have been screened for hearing before hospital discharge.	95.7%	98%
The percent of very low birth weight infants among all live births.	*	0.9%
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	*	95%
Title V - MCH National Outcome Measures	State 2004 Results	State 2009 Goal
The infant mortality rate per 1,000 live births.	5.0	5
The ratio of the black infant mortality rate to the white infant mortality rate.	NaN	*
The neonatal mortality rate per 1,000 live births.	4.6	3.4
The postneonatal mortality rate per 1,000 live births.	1.2	2
The perinatal mortality rate per 1,000 live births plus fetal deaths.	6.1	7.2
The child death rate per 100,000 children aged 1 through 14.	16.2	17
Title V - Selected MCH State Performance Measures	State 2004 Results	State 2009 Goal
The percent of Medicaid infants from birth through 12 months who receive home visits through the Healthy Babies system of care.	48.6%	50%
The percent of youth in grades 8 through 12 who are overweight or obese.	*	*
The percent of low income children (with Medicaid) that utilize dental services in a year.	47.7%	55%

State Population: 619,343 Live Births: 6,591

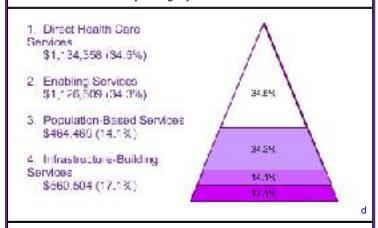
#### **TITLE V FEDERAL - STATE BLOCK GRANT EXPENDITURES**

By Number of Individuals Served and Population Group				
Populations Served	Number of Individuals Served	Expenditures FY 2004		
Pregnant Women	2,078	\$18,989	.6%	
Infants < 1 year old	2,306	\$252,004	7.7%	
Children 1 to 22 years old	1,278	\$1,458,382	44.4%	
Children with Special Healthcare Needs	4,457	\$1,482,676	45.1%	
Others	*	\$0	0%	
Administration		\$73,889	2.2%	
Totals	10,119	\$3,285,940	100%	

### By Source of Funds



# **By Category of Services**



### **HOTLINE CALLS**

# FAMILY PARTICIPATION IN CSHCN PROGRAM

Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

Family members are involved in the 3 Children with Special Health Care Needs elements of the MCH Block Grant Application process.

Family members are involved in service training of CSHCN staff and providers.

Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

Family members of diverse cultures 2 are involved in all of the above activities.

**FY 2004 Total:** 16

Total Possible: 18

Scale: 0 = Not Met

1 = Partially Met 2 = Mostly Met

3 = Completely Met

# MCH PARTNERSHIP FUNDS FY 2004

Title V Federal-State Block Grant:

3,285,940

Other MCHB Grant Programs:

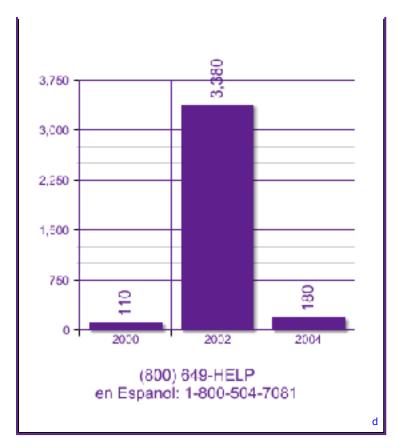
1,228,256

Bioterrorism Grant Program:

1,972,550

Total MCH Partnership Funds:

6,486,746



## **CONTACT INFORMATION**

#### For More Information on Title V:

# Title V Program, contact:

Dr. Donald Swartz Director, MCH VDH, PO Box 70 Burlington, Vermont 05402 802-865-7270 802-651-1634 dswartz@vdh.state.vt.us www.healthyvermonters.info

# Title V Program's Services for Children with Special Health Care Needs, contact:

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\* Data not available